

New Member Options



📞 To be eligible for the New Member insurance options you must apply within 120 days of joining Sunsuper.

☎ 13 11 84 🌐 sunsuper.com.au
Reply Paid 2924 Brisbane Qld 4001

Important: Before completing this form please ensure you read and understand your Duty of Disclosure located at sunsuper.com.au/dutyofdisclosure

Important: Please make sure you've answered all questions. If all questions are not answered, your application may be delayed as the form may be returned. Please tick box where appropriate. Use **BLOCK** letters and dark ink when completing this form and ensure it is signed and dated. If you are under 18 please contact us on 13 11 84 before completing this form. *DENOTES MANDATORY FIELD.

Member number

1 Personal details

Title	First name*	Middle name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Last name*	Date of birth (DD/MM/YYYY)*	Gender*
<input type="text"/>	<input type="text"/>	<input type="button" value="M"/> <input type="button" value="F"/>
Street Address/PO Box*		
<input type="text"/>		
Suburb/Town*	State*	Postcode*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home phone number	Daytime phone number	
<input type="text"/>	<input type="text"/>	
Personal email address	Mobile phone number	
<input type="text"/>	<input type="text"/>	

Note: Unless you have elected to receive printed information, Sunsuper will confirm this change electronically if we can. We'll email or SMS you when information is ready to view online through *Member Online* or the Sunsuper app. If you would prefer information is posted to you, change your preferences in *Member Online*, the Sunsuper app or by calling us on 13 11 84.

Sunsuper can use your TFN to help you bring your super together.

Let us find your other super for you

Tick and we'll use your TFN to search for any other super you may have with other funds or the ATO, to the extent the law allows. If we find money with the ATO, this will normally be transferred automatically to your Sunsuper account. If we find money with other funds, we'll be in touch to help you combine them.

2 White Collar cover option

Are you permanently employed for at least 15 hours per week? (This does not include casual employment.)	<input type="button" value="YES"/>	<input type="button" value="NO"/>
Do you spend at least 80% of your time in an office environment?	<input type="button" value="YES"/>	<input type="button" value="NO"/>
Are your duties limited to clerical, administration, or managerial?	<input type="button" value="YES"/>	<input type="button" value="NO"/>
Does your occupation not involve more than 10% light manual duties?	<input type="button" value="YES"/>	<input type="button" value="NO"/>

If you've answered 'No' to any of these questions you will not be eligible to receive White Collar cover, but you will continue to be covered for default cover.

➔ Please continue over page

3 New Member insurance options

If eligible, you'll be provided with Death and Total & Permanent Disability Assist Starter cover as detailed in your *Sunsuper for life Product Disclosure Statement (PDS)*. You should refer to the *Sunsuper for life Insurance guide* for details on cover and cost. As a new member you have the following options on joining:

a) Do you want to double your Starter cover to Booster cover?¹

 YES NO

b) Do you want Opt In Income Protection cover?

(You need to be permanently employed for at least 15 hours per week, not employed on a casual basis and not employed under the terms of a work visa. A waiting period of 90 days and a benefit payment period of 2 years applies.)

 YES NO

If 'Yes', please provide your current gross annual (before-tax) income excluding super contributions.

If you select an option above we'll confirm your new cover in writing. Please note that all additional cover obtained under this application will be subject to Limited Cover for 24 months and until you have been At Work for 30 consecutive days at the end of the 24 month period.

¹Starter Cover is automatically doubled to Booster cover when your balance reaches \$6,000, even if you elect no to this new member option.

4 Authorisation and declaration Sign this application form and return to Sunsuper:

Privacy

By completing this form you consent to the collection and use of any personal information, including information that may be of a sensitive nature we or the Insurer may collect about you in the normal course of our and the Insurer's respective Privacy Policies for the purposes of assessing your application. These policies are designed to protect your interests and are consistent with the requirements of the Privacy Act. A copy of the Insurer's privacy policy is available from aia.com.au.

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I declare that:

- I acknowledge and have read my Duty of Disclosure at sunsuper.com.au/dutyofdisclosure and all of my details on this form are correct.
- I understand that the change to my insurance cover will commence when the Insurer has accepted my application and my account balance is sufficient to cover annual insurance premiums.
- At the date of this application I have not been diagnosed with a terminal illness.
- I have default or White Collar insurance cover currently in place.
- I have joined Sunsuper within 120 days of the date of this application.
- I understand that the Trustee cannot provide me with advice about my insurance options and that I should seek advice from an appropriately qualified adviser for advice that takes into account my personal situation, objectives or needs.
- I acknowledge that I have read the *Sunsuper for life PDS*, *Sunsuper for life Insurance guide* and *Sunsuper's Privacy Policy* and authorise Sunsuper to collect, use and disclose my personal information in accordance with its *Privacy Policy*.

Member to sign here*

Date (DD/MM/YYYY)*

Full Name (print in BLOCK letters)*

 Please return the form to Sunsuper Reply Paid 2924 Brisbane Qld 4001 or via sunsuper.com.au/contactus

We are committed to respecting the privacy of personal information you give us. If you would like a copy of Sunsuper's Privacy Policy, visit sunsuper.com.au/privacy or call 13 11 84.

Sunsuper Pty Ltd ABN 88 010 720 840 AFSL No. 228975 Trustee of the Sunsuper Superannuation Fund ABN 98 503 137 921 MySuper Authorisation 98 503 137 921 996